



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
COMMUNITY EDUCATION/AFTERSCHOOL PROGRAMS
School Age Community (SAC) - CCDF

FINAL PROGRAM REPORT

As part of the requirement in receiving a SAC award, you agreed to submit to the Department, SAC program information at the completion of your award. **Please complete the following information within the space provided for each site. Forms not completed according to directions will be returned for revision. Completed forms must be returned no later than July 15.**

District Name

Site Name (one form for each site)

County/District Code Number

_____ - _____

County Name

School Year

Not-for-Profit Partner Name (only if program is administered by an outside not-for-profit organization/entity))

Was this program conducted on school facilities?

☐ Yes ☐ No, explain why school facility was not available: _____

Was site licensed prior to receiving this grant funding?

☐ Yes ☐ No

Did site become licensed during course of grant funded year? If yes, must attach copy.

☐ Yes ☐ No

Was site accredited prior to receiving this grant funding?

☐ Yes ☐ No

Did site become accredited during course of grant funded year?

☐ Yes If yes, must attach copy of certificate

☐ No If no, explain where in the accreditation process site is currently:

Student population served (check all that apply and provide the grade levels of each served):

____ Elementary School _____ Middle School

(Elem. grade levels: _____) (MS grade levels: _____)

Number of child care staff that work in the program with students:

Staff/child ratio:

Number of students enrolled in the SAC program who attend:

Before school only: _____ After school only: _____ Before and after school: _____ Summer: _____

Holidays: _____ Breaks: _____ Other, describe: _____

Total number of students enrolled: _____

Average daily attendance of this SAC program: _____ Average cost per child, per day of this SAC program: \$ _____

List the beginning and ending times this program is in operation on school days (during non school hours=before/after school) this quarter:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Total # of hours this program typically operates each week: _____.

List the beginning and ending times this program is in operation on non-school days (days school is not in session) this quarter:

Summer: _____ (include month)

Holidays: _____

Break: _____

Other, describe: _____

Weekly parent fees or fee schedule:

Provide a daily schedule:

Description of SAC daily curriculum and enrichment activities:

List any resources which have been secured this year (to help meet sustainability grant requirement):

Description of how SAC award has enhanced program quality:

Describe how specified partners contributed to the program this year:

List professional development/in-service training provided for and/or attended by staff:

Describe any family involvement activities provided during the year:

List a specific activity, event or curriculum that assisted with building high program quality and was successful with its target audience:

Signature of Contact Person

Date

Authorized Signature

Date

PLEASE RETURN TO:

Afterschool Program / SAC
Community Education
Department of Elementary and Secondary Education
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